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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|--|-------------------|
| Application Number | |
| Filing Date | December 20, 2004 |
| First Named Inventor | HAUNER, Wigbert |
| Title Device For Firing Ceramic For Dental Prostheses | |
| Art Unit | |
| Examiner Name | S. Mafla |
| Attorney Docket Number | DEG-FIRING |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

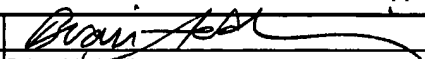
OR

| | | | | |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-------------------|
| Signature |  | Date | December 20, 2004 |
| Name | Brian M. Addison | Telephone | 717-849-4363 |
| Title and Company | Vice President, Secretary & General Counsel, DENTSPLY International Inc. | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

Wigbert Hauner
Im Birkenwaldchen 59
Langen D-63225
Germany

hereby appoints (appoint) the following person as:



agent



common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

HURA, Douglas J.; BIEBER, James B.; ADDISON, Brian M.; DENTSPLY International Inc.; 570 West
College Avenue, P.O. Box 872, York, PA 17405-0872, US

to represent the undersigned before



all the competent International Authorities



the International Searching Authority only



the International Preliminary Examining Authority only

in connection with the international application identified below:

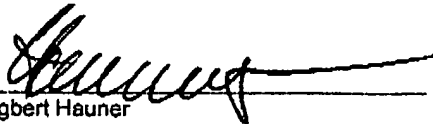
Title of the invention: DEVICE FOR FIRING CERAMIC FOR DENTAL PROSTHESES

Applicant's or agent's file reference: DEG-FIRING

International application number (if already available): PCT/US2003/019327

filed with the following Office United States Patent and Trademark Office as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs. If such capacity is not obvious from reading the request or this power):


Wigbert Hauner

Date:

12/17/04

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | |
|---|--|------------------------|----------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket Number | DEG-FIRING |
| | | First Named Inventor | Wigbert Hauner |
| | | COMPLETE IF KNOWN | |
| | | Application Number | |
| | | Filing Date | |
| <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | | Art Unit | |
| | | Examiner Name | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR FIRING CERAMIC FOR DENTAL PROSTHESES

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

06/18/2003

 as United States Application Number or PCT International

 Application Number

PCT/US2003/019327

 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| 102 27 566.1 | DE | 06/20/2002 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

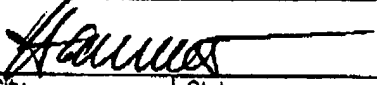
PTO/SB/01(08-03)

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DECLARATION — Utility or Design Patent Application

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|---|--|---|--|---|--|
| Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/> | | | | OR <input checked="" type="checkbox"/> Correspondence address below | |
| Name Douglas J. Hura, Esquire, DENTSPLY International Inc. | | | | | |
| Address 570 West College Avenue, P.O. Box 872 | | | | | |
| City York | | State PA | | ZIP 17405-0872 | |
| Country US | | Telephone 717-849-4466 | | Fax 717-849-4360 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) Wigbert | | | | Family Name or Surname Haurer | |
| Inventor's Signature  | | | | Date 12/17/04 | |
| Residence: City Langen DE | | State | | Country DE | |
| Citizenship DE | | Mailing Address Im Birkenwaldchen 59 | | | |
| City Langen | | State | | ZIP D-63225 | |
| Country DE | | NAME OF SECOND INVENTOR: | | | |
| Given Name (first and middle (if any)) | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Family Name or Surname | | | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | |
| Citizenship | | Mailing Address | | | |
| City | | State | | ZIP | |
| Country | | | | | |
| <input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |